SENDER. COMPLETE THIS SECTION	DOCUCOMPLETE THIS SECTION ON DELIVERYS Page 1 of 1
<ul> <li>Complete items 1, 2, and 3. Also complete item 4 if Restricted Delivery is desired.</li> <li>Print your name and address on the reverse so that we can return the card to you.</li> <li>Attach this card to the back of the mailpiece, or on the front if space permits.</li> </ul>	The Corneration Company
	42/08
Article ddressed to:	D. Is delivery address different from item 1/1  Yes  If YES, enter delivery address below:  No
The Prudential Insurance Company of America c/o Laura Payne	
2000 Interstate Park Dr., Ste. 204 Montgomery, AL 36109	3. Service Type  Certified Mail  Registered  Registered  Insured Mail  C.O.D.
08cv235 S+C	4. Restricted Delivery? (Extra Fee)
Article Number     (Transfer from service label)	7006 0810 0006 0995 9770
PS Form 3811, February 2004 Do	mestic Return Receipt 102595-02-M-1540